Volume 5, Issue 1
2010

FORCE HEALTH PROTECTION AND READINESS

Masked and Equipped

World-Class Response Training

Beat the Blues

A Wintertime Survival Guide

Particulate Matter

Are You at Risk?

Inspiring Hope

For Wounded Warriors

FORCE HEALTH PROTECTION AND READINESS

The Magazine of Force Health Protection and Readiness
2010 ■ Volume 5, Issue 1

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FEATURES

A MESSAGE FROM THE ACTING DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR FORCE HEALTH PROTECTION AND READINESS

Welcome to this year's first issue of Force Health Protection and Readiness Magazine. Here at FHP&R our leaders and subject matter experts work hard to bring you the most up-to-date and relevant news topics throughout the industry. You will find many included in this issue.

In Volume 5, Issue 1 you will find a variety of health-related articles including a piece on Derek McGinnis, a Marine severely wounded in Iraq who tells his story of survival and recovery. He speaks of the incident which has caused him great physical and mental hardship over the last several years. You will also learn best practices to safeguard yourself from the common cold, influenza viruses and other frequent wintertime conditions, and learn of the most recent humanitarian medical mission, Pacific Partnership 2009, providing assistance to countries including Samoa, Tonga, the Solomon Islands, Kiribati, and the Republic of the Marshall Islands.

It is important to ensure that all Service members and their families are aware of the most pertinent military health-related information and the new tasks FHP&R will embark upon as we believe that the research and new initiatives driven by FHP&R will continue to provide our troops with the resources they need and deserve.

In each issue of Force Health Protection and Readiness we strive to provide the latest information in military health measures and we hope you consider the FHP&R office a key resource for you and your family. We welcome you to contact us at FHPwebmaster@tma.osd.mil with any questions, comments, subscription requests or story ideas.

Col. Donald L. Noah

Acting Deputy Assistant Secretary of Defense
for Force Health Protection and Readiness

12TH ANNUAL FHP CONFERENCE
PREPARING A RESILIENT FORCE

By: Rob Anastasio, FHP&R Staff Writer

The 12th Annual Force Health Protection Conference was held this past August in Albuquerque, New Mexico. Co-sponsored by the United States Army Center for Health Promotion and Preventive Medicine (USACHPPM) and Force Health Protection and Readiness (FHP&R), the mid-August conference was a gathering of approximately 2,400 military health care medical providers, policymakers, and vendors from around the world, with 105 exhibitors in attendance.

Organizers agreed to the main mission of this year's FHP conference: to provide tools to anticipate, recognize, evaluate, and counter environmental and occupational health and disease threats to health, fitness, and readiness for those personnel who provide preventive medicine, public health, and health promotion.

The FHP Conference has been a staple in the world of military health care for over a decade, providing an interactive learning environment and networking opportunity for medics, providers, doctors, Service members, and DoD civilians. Each year the conference bears a theme to which the presentations and breakout sessions are specifically designed. This year's sessions pivoted around the theme of "military preventive medicine and public health."

Specialized sessions included presentations and panel sessions on health promotion and readiness, veterinary medicine, behavioral health, deployment health care, preventive medicine, and substance abuse.

FHP&R's brand new display debuted at the FHP Conference featuring directorate programs: Force Readiness and Health Assurance; Medical Countermeasures; Civil-Military Medicine; Deployment Technologies; Defense Health Program, Research and Development; Psychological Health; International Health; and Operational Medicine and Medical Force Readiness.

Opening remarks from Col. Don L. Noah, Acting Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, during the conference's plenary session, highlighted the role that the Force Health Protection and Readiness (FHP&R) office plays in developing important health care and readiness policy for the DoD.

Along with an overview of the several capability areas that comprise the FHP&R office, Col. Noah also described the proposed future of each program. He stressed the importance of medical research support for Post Traumatic Stress Disorder, Traumatic Brain Injury, Prosthetics, Restoration of Sight & Eye Care, and other conditions directly relevant to the injuries our soldiers are currently receiving on the battlefield.

The 2010 FHP Conference will be held next August 7-13 in Phoenix, AZ.

INTERNATIONAL HEALTH:
INITIATIVES COVERED AT CONFERENCE

By: Matt Pueschel, FHP&R Staff Writer

Among the 105 Force Health Protection conference presentations were lectures on a new FHP&R directorate focused on developing DoD's international health stability missions and an Army pilot project to confidentially treat soldiers at risk of developing alcohol problems.

International Health

Dr. Warner Anderson, Director of FHP&R's International Health Division (IHD), said recent department directives require DoD to be prepared to meet military and civilian health requirements in global medical capacity building missions.

Dr. Anderson said stability operations can be dangerous in conflict zones such as Iraq and Afghanistan. Medical support in international missions can also be difficult if there is limited follow-up care available. "We have to be careful we do no harm," Dr. Anderson stressed, adding that such missions are complex since they are carried out across cultures.

Providing direct services to host nations should remind DoD and interagency physicians to be professionally accountable to individual state medical boards, he said. This is especially important with the Navy's annual interagency humanitarian hospital ship missions around the world. Sometimes referred to as "medical diplomacy," these missions can be difficult to measure since at times they may have only had short-term impacts. "There is some movement to fix this problem," Dr. Anderson said. "Each mission will have NGOs (nongovernmental organizations) and the [host country's] Ministry of Health there [to be involved] in planning for that port call. If you teach advanced cardiac life support, you need a biomedical technician and an NGO to do continual training."

The objectives of stability missions are to mitigate destabilizing health factors in host nations, establish critical health infrastructure and essential medical services, provide culturally sensitive support to host nation and coalition personnel, and deliver medical humanitarian assistance. When the U.S. military conducts medical, dental or veterinary civic action projects, it is important to have host nation personnel leading so they are able to continue the work afterward. Engaging local doctors and helping them build their own capacity while teaching lifesaving techniques with locally accessible equipment is crucial.

Among MHS capabilities needed in stability operations are international health and cultural preparedness training, and veterinary support since animal health is often vital to developing communities' economies. "We're proposing to make health care a tool of stability operations," Dr. Anderson said. "Health care contributes to perceived security. If you have someone providing health care in your area, the perception is it's safe."

Updating Army Alcohol Policy: Developing Early Interventions

Col. Charles Milliken, MC, USA, a principal investigator at the Walter Reed Army Institute of Research, discussed a new pilot project that allows soldiers at high risk for developing alcohol problems to enroll in a "Confidential Alcohol Treatment and Education Project (CATEP)," to seek help without impacting their careers.

Under CATEP, Service members who have not had a drug or alcohol incident can confidentially enroll in a 'Soldier ASAP (Army Substance Abuse Program)' as opposed to a 'Command ASAP.' With the Soldier ASAP, the soldier can self-refer or be referred by a clinician or work supervisor without command awareness. The program contains personnel protections from commander red flags regarding promotions, reenlistment, and school enrollment. Patients lose CATEP eligibility and are diverted to the Command ASAP if they have a DUI, other alcohol incident, positive drug test or are deemed a security risk.

CATEP is aimed at effecting a culture change that enables Service members to seek help confidentially. "Leaders at the small unit level assume more responsibility for identifying and helping the soldier with alcohol problems before an incident occurs," Col. Milliken said. "We might find some people who are at high risk for developing a serious alcohol problem. If there is mandatory command notification if someone walks through the door, you're going to deter people from walking through the door. The pilot opens up a lot of opportunities."

For more conference coverage visit *fhp.osd.mil/new.jsp?newsID=170*

WINTER HEALTH TIPS
FOR AN ENJOYABLE SEASON

By: Kelly Kotch, FHP&R Staff Writer

The winter months are some of the most treacherous months to our health and lifestyle. Extreme temperatures, unfavorable weather conditions and the inevitable common cold can be devastating to our bodies. Follow these helpful tips and hopefully this winter will be a pleasant season for you and your family.

Minimize the Impact of Cold & Flu Season

- Practice good hygiene. Wash your hands often with soap and water and dry them with paper towels. Germs can live for hours on cloth towels spreading viruses easily. Hand sanitizers also do a good job at removing germs.
- If possible, avoid touching your nose, mouth and eye area as your fingers and hands may have harmful germs on them. This is especially important if you are around someone who has a cold or is coughing, sneezing or congested.
- Keep your household clean. Germs live on all kinds of surfaces we forget to clean like remote controls, telephones, light switches, keyboards, and your children's toys. Do your best to keep your house as clean as possible - especially surfaces that are touched frequently.
- Eat a healthy diet, sleep well and exercise. These practices will ensure your immune system is in top shape to fight illness.

Prevent the Flu

Colds are usually milder than the flu, so additional precautions are necessary to prevent the flu. The flu symptoms typically include fever, body aches, extreme tiredness, and dry cough. Each year in the United States, on average, more than 200,000 people are hospitalized and 36,000 people die from seasonal flu complications. In addition to following the preventive steps above, you should also practice these other tips.

- Get both the seasonal flu and H1N1 vaccine as soon as it becomes available to you. The flu vaccine is safe and effective in preventing the flu. The risks associated with the flu are much greater than any risks associated with the vaccine.

Germs live on all kinds of surfaces we forget to clean like remote controls, telephones, light switches, keyboards, and your children's toys.

- If you are sick, avoid contact with others as much as possible. Cover your sneezes and coughs with a tissue. In an emergency, sneeze or cough into your sleeve at the crook of your arm.
- Promptly dispose of any used tissues so they don't become a source of infection to others.
- If you are prescribed medications, take the full course of treatment.

Protect Yourself from Common Wintertime Injuries

The most common injuries during the winter months are due to cold weather. Slips and falls on ice and snow are very common. Be careful of where you step, keep your sidewalks shoveled, and when necessary, use products (like rock salt) to melt the ice on steps, driveways, and sidewalks.

Hypothermia has the greatest impact on our Service members and their families located in extreme climates like the mountains of Southwest Asia (e.g., Afghanistan) but can also impact our own winter vacation spots. A key element to protecting yourself from hypothermia is to recognize the signs. It causes low body temperature that affects the brain's functions making thinking difficult and affecting coordination. Signs of hypothermia in adults are shivering, exhaustion, confusion, slurred speech, and drowsiness. In children, signs of hypothermia include bright red, cold skin and very low energy. But children as well as the elderly show very nonspecific signs of hypothermia making recognition difficult.

Frostbite is a serious injury. Symptoms of frostbite typically include a loss of feeling (tingling followed by numbness) and loss of color in the affected parts of the body. Common places for frostbite are the nose, ears, cheeks, fingers and toes. Severe cases of frostbite can lead to amputation.

The warning signs that frostbite may be setting in is red or painful skin. Other signs could be a white or grayish yellow skin area, numbness, or skin that is firm or waxy. If you think you have frostbite, cover exposed skin, get into a warm room and seek medical care as soon as possible. To help prevent frostbite wear a hat, scarf, mittens, water resistant coat and shoes, and layers of clothing when outdoors. When traveling always bring extra warm clothing no matter how warm the day looks.

You never know when a wintertime injury will occur. Don't forget to include a winter emergency kit in your car. The kit should include items such as blankets, a shovel, a flashlight with extra batteries, matches, newspaper to start a fire, water and food.

Best wishes for a safe and happy winter.

DON'T QUIT!
A STORY OF OPTIMISM FOR WOUNDED WARRIORS

By: Peter Graves, FHP&R Staff Writer

The Marines began moving into Fallujah, Iraq on the morning of Nov 9, 2004 in an attempt to drive insurgents from the city. Operation Phantom Fury had begun. At the forward aid station, a young Navy corpsman and his team serving with the Marines were waiting for the call. At any moment they might be needed to enter the fray to patch up their wounded comrades. The call came at 10 a.m. local time for California native Derek McGinnis and his compatriots. An exploding 82mm mortar round fired by the insurgents had found its mark and several Marines were hit with shrapnel.

Minutes later, as McGinnis recounts, he and his team were racing towards the wounded. They then received new orders to respond to a light armored vehicle (LAV) hit by an improvised explosive device, injuring more Marines. As McGinnis' humvee raced to the scene, he recalls being on his radio receiving orders with one hand, clutching his M-16 rifle with the other. He didn't see the car.

That car, an innocent looking silver Mercedes Benz one might encounter on any American street, but now packed with explosives and driven by a homicide bomber, slammed into the humvee and in a furious explosion, changed McGinnis' life forever. It would be a month and a half before he became aware of his surroundings, the moment of the blast and the better part of his reconstruction and recovery just a blur.

Aside from losing his left leg, the blast severely fractured his right foot, sent shrapnel ripping through his body, and caused a massive traumatic brain injury (TBI). He nearly lost all vision in his right eye. McGinnis' transformation from a tough, mission-minded corpsman to an advocate for wounded warriors began that day. "Living became my new mission," he said. "I had to live for my family, my children, and myself." It wasn't easy.

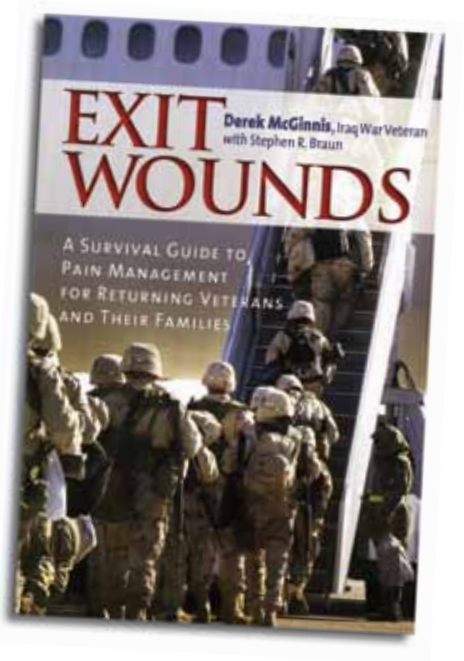
His recovery was marked by periods of excruciating pain, mental hardship, relearning basic activities, and perhaps, most importantly, finding people who would believe he was in as much pain as he claimed. The prosthetic leg for which he was fitted was killing him.

"At that point, I didn't want to live," McGinnis said.

He recalled an incident during his convalescence at the National Naval Medical Center in Bethesda, MD on a cold March evening in 2005 where he wheeled himself right through the evening colors ceremony, something that for him would normally have been unthinkable. He had reached his limits with his recovery and his pain. He felt his doctors weren't listening to him or believing him.

As he wheeled himself past evening colors he muttered to himself, "Fuck it. Fuck this place. I'm outta here." That night, he sat in the shower and cried. He even told his wife to leave him and find a better man. He had reached his low point.

But as months went by, McGinnis managed to find individuals scattered throughout the system who took the time to listen, understand, and help. Individuals like a social worker named Ansel, who advised him to take some time off to be with his family, and Dr. Robert Granville, director of Amputee Services at the Brooke Army Medical Center in San Antonio, TX, who helped Derek past the pain his leg was



causing. These experiences began to teach McGinnis something about the value of never quitting.

After nearly three years of recovery, which took him all over the country, McGinnis decided to devote his life to helping wounded warriors just like himself, as well as those suffering from the ravages of chronic pain. He accepted a job at the Veterans Affairs office in Modesto, CA to help returning warriors cope with their pain and transition to a new life.

"For many of these guys, they felt a sense of mission loss, like they'd let their unit down," McGinnis said. "All they wanted to do was get back to their unit. What I tried to do was show them they had a new mission - a mission to recover - for themselves and their families."

Recently, McGinnis has been working with the American Pain Foundation, a Baltimore, MD-based organization which provides information, advocacy, and support to individuals who suffer from chronic pain. He travels across the country talking about his experiences, and encourages others not to give up on seeking relief – especially veterans.

"A lot of these guys don't know what to do, they have trouble finding someone who will listen to them," he said. One of the most important messages McGinnis has for those in pain is to never stop looking for the right people who can help.

"They are out there; it's a matter of searching. It took me months and much travel to find the right people, but they're there. There are people who understand and who can help."

Through it all, McGinnis has kept himself busy by writing a book to help others cope with pain, giving lectures, helping his wife raise two sons, and believe it or not, running races. He recalled being challenged by staff from the Injured Marines Semper Fi Fund to run with them in the 10K race as part of the November 2005 Marine Marathon in Washington, DC. Although he was unable to participate, he did run in the event in 2006. He considered it one of the most exciting moments in his life.

The life of Derek McGinnis has been one of extremes. An extreme dedication to country, insertion into an extreme situation in Iraq, an extreme injury, followed by extreme pain, extreme despair, and most importantly, an extreme will to live and support others simply by being there.

His main message to others in his predicament? "Don't quit!"

"It's important for warriors to do one thing: don't quit," he said. "Focus on your new mission, which is to get better. If you're not squared away yourself, you cannot help your unit accomplish the mission. Don't fail in recovery. Find that person who will listen to you, because it's your mission to get well."

How does McGinnis feel about his own situation? The following message says it all.

"When I got hit, I really came close to death. The enemy who tried to kill me and my fellow Marines and sailors died when he exploded his vehicle into my ambulance. If I died or quit in my recovery, the enemy would have gotten his martyrdom. I chose to refuse to let that happen. In my mind, he died for nothing."

"By me living my life in the highest quality, it keeps me engaged with my unit and fellow Service members still fighting the fight. If I quit trying, the enemy wins. I took this to the extreme with my triathlons, running events, my book, and my work counseling veterans as a way to show our enemies in Iraq and around the world they can't kill me and that I am living a quality life. They can't win and they're wasting their lives."

McGinnis' final message to wounded warriors reading this article is a simple one – "Don't ever quit. Don't ever let the enemy win. Your recovery is your victory."

BECOMING IMMUNE TO MYTHS
WHY VACCINATION IS INTEGRAL

By: Peter Graves, FHP&R Staff Writer

The prospect of getting a shot is rather disconcerting for many Americans. Particularly for children, that painful pin prick can be a frightening experience. However, the protection offered by the dreaded needle has saved more lives than any other medical procedure or drug known to man. For American fighting forces vaccinations can mean the difference between being well-prepared and able, or sick and ineffective.

Over the decades a number of myths have arisen regarding vaccines. These myths have unfortunately created concern where none should exist and have endangered the health of many who have risked going without. Some myths involve vaccine ingredients which certain individuals claim lead to the development of serious diseases. Others claim they have received too many vaccines, known as "vaccine overload," resulting in a weakened immune system. In both cases, nothing could be further from the truth.

"Vaccines have helped ensure the health and well-being of American forces since George Washington ordered the first mass vaccinations of the Continental Army against smallpox in 1777," said Lt. Col. Patrick Garman, Deputy Director of the Military Vaccine Agency (MILVAX). Smallpox had been one of the most destructive diseases in human history, killing between 300 and 500 million people during its existence. It has since been completely eradicated thanks to mass vaccination techniques.

Worldwide, morbidity rates for many other dangerous microbial diseases including diphtheria, whooping cough, polio, rubella (German measles), and tetanus have fallen by almost 99 percent. Many of these diseases have been eradicated or completely eliminated.

Military vaccines represent some of the most cost-effective medical countermeasures in existence. A rogue state which might try to harvest and weaponize smallpox, for example, will find such a weapon useless against U.S. forces due to DoD policies which require smallpox vaccination for troops at high risk. Vaccines shield not only the warfighter but the whole force. In an environment where teamwork is essential to success, vaccinations ensure disease will not inhibit the mission. When it comes to bio-weapons, a sickened force cannot fight but an immunized force cannot be stopped.

Inoculate the Fear

Many Service members and members of the general public have expressed fear at the prospect of receiving vaccines. It's not the needle that scares them, but the myths that surround vaccine ingredients. One such myth is the danger associated with adjuvants. Adjuvants are substances added to vaccines to improve the body's immune response. Alone, they have no effect, but can boost the effectiveness of a

MYTH vs FACT

MYTH
Vaccines may lead to increased susceptibility to abnormalities such as autism.

FACT
No link whatsoever has been found between the receipt of vaccinations and neurodevelopmental diseases such as autism.

MYTH
Adjuvants such as squalene could lead to serious complications.

FACT
Squalene does not appear in any vaccine produced in the United States. Even if it did, squalene is a naturally occurring substance which is harmless to humans.

MYTH
Vaccines are not helpful.

FACT
Vaccines have either completely or nearly eradicated some of the most lethal diseases in human history including smallpox.

MYTH
Many vaccines include mercury-containing ingredients, which are poisonous.

FACT
Some vaccines contain an ingredient known as thimerosal which keeps the vaccine free from pathogens that could make the recipient ill. Thimerosal contains ethyl-mercury which is generally harmless to humans. More ethyl-mercury is contained in most seafood than a lifetime of thimerosal-containing vaccines.

For more information, visit *www.vaccines.mil.*

vaccine and provide more adequate cross-protection against other strains of diseases.

Some of the most common vaccine adjuvants are aluminum phosphate, aluminum hydroxin, and perhaps the most controversial, squalene. Squalene is a naturally occurring substance found in plants, animals (especially fish), and humans. It is found in foods, cosmetics, over-the-counter medications, and health supplements. In fact, the amount of squalene in the human body at any given time from natural causes (such as food intake) far exceeds that which would be received from a vaccine. Squalene is common, natural, and above all, safe. It is not associated with any known disease or health complication and is not used as an adjuvant in any vaccine produced in the United States.

In addition to squalene, a myth has arisen over the use of an organic compound known as thimerosal. Thimerosal is an ethyl-mercury containing organic substance widely used as a preservative in biological products including vaccines since the 1930's to help prevent potentially fatal microbial contamination. In spite of its benefits, thimerosal has been unfairly criticized as a vaccine ingredient due in large part to a falsified British study which claimed that thimerosal ingestion could be linked to autism and other neurodevelopmental disorders. No such link exists.

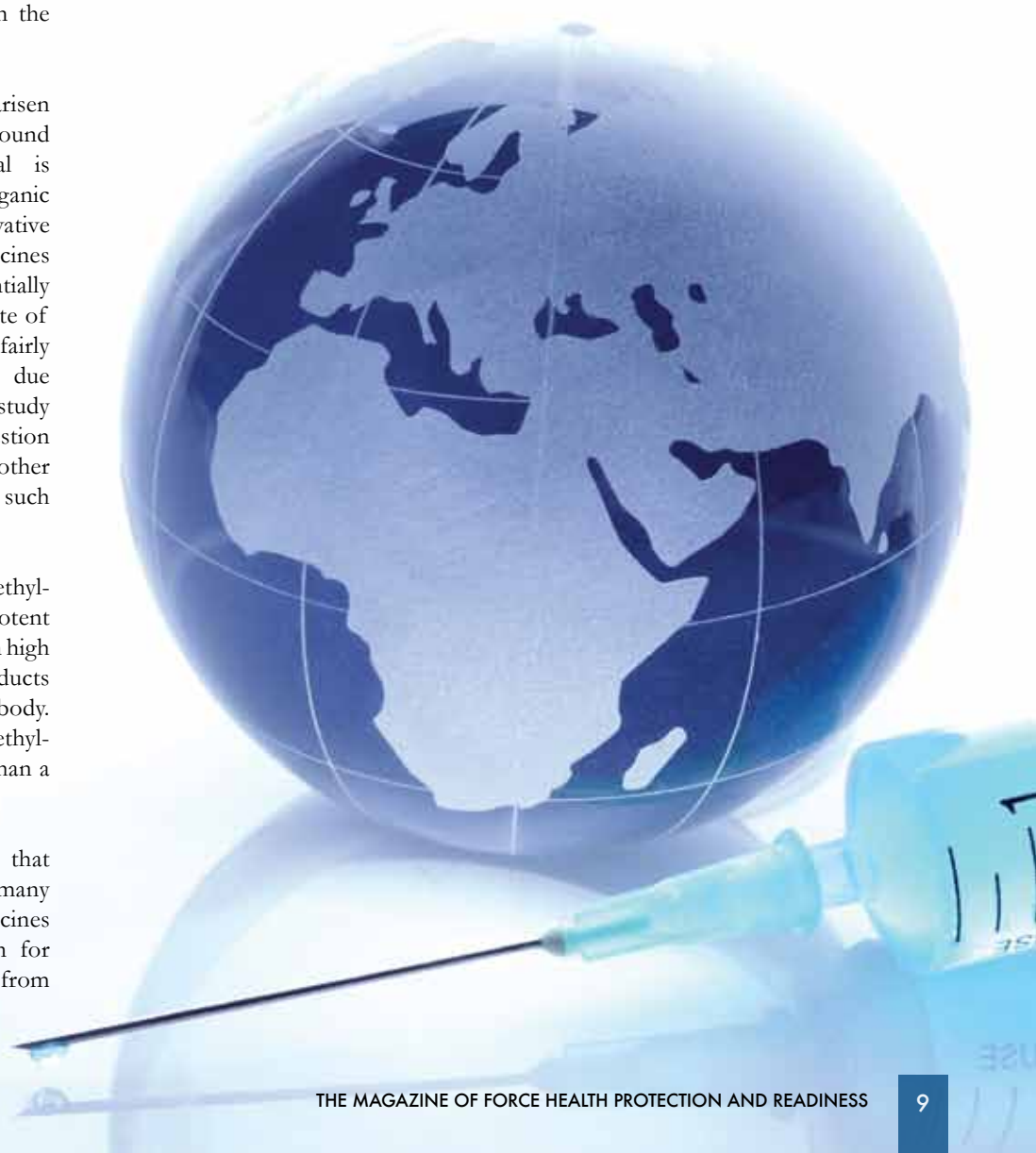
Many individuals often confuse ethyl-mercury, with methyl-mercury, a potent neurotoxin. Ethyl-mercury is found in high concentrations in many seafood products and is easily expelled by the human body. To place it in context, there is more ethyl-mercury in one tuna fish sandwich than a lifetime of vaccines.

Others have attempted to state that vaccines can be ineffective against many forms of disease. The truth is that vaccines are the best method of prevention for serious infections and complications from vaccine-preventable diseases.

"Most vaccines reduce the risk of disease contraction by approximately 70 to 90 percent, depending on a variety of factors and location. Immunized American forces also offer a buffer to local, unimmunized populations against disease," said Lt. Col. Garman. Many unscrupulous individuals have tried to theorize that American troops infect host nations with disease, when in reality the exact opposite is true. A vaccinated force is essentially a force field against disease.

Certain individuals have also tried to impugn vaccines by stating that too many vaccinations can weaken the immune system, leading to vaccine overload. This is simply not true. Although most vaccines can result in life-long immunity to a certain disease, many require periodic boosters given over an interval of several years. In addition, the Armed Forces do not haphazardly vaccinate incoming recruits. New recruits are thoroughly screened for pre-existing immunity to ensure they receive only those immunizations they may be lacking. No soldier is vaccinated if unnecessary.

The bottom line is that with regular vaccinations, the U.S. Armed Forces can ensure its ability to resist biological threats and tropical diseases, maintaining a mission ready posture at all times. Without them it puts itself at unnecessary, costly, and potentially fatal risk.



WORLD-CLASS CHEM-BIO TRAINING
OFFERED AT USAMRIID AND USAMRICD

By: Col. Zygmunt F. Dembek, PhD, MS, MPH

Military health care providers are on the front lines of our nation's medical defense, and are expected to be able to respond to a national CBRNE (Chemical, Biological, Radiological, Nuclear, or Explosive) emergency. The Medical Management of Chemical and Biological Casualties course (MCBC – AMEDD course 6H-F26) provides the highest standard of training available anywhere for the treatment of biological and chemical casualties, according to a recent U.S. Government Accountability Office report. The MCBC course presents subject matter experts in a resident research setting, affording participants access to world-class research expertise, combined with realistic experiential case studies.

The MCBC course is a fully accredited six day course offered four times annually (March, May, August, and October) at the Army's Medical Research Institute of Infectious Diseases (USAMRIID) at Fort Detrick, Maryland, and the Medical Research Institute of Chemical Defense (USAMRICD) at Aberdeen Proving Ground, Maryland. The MCBC course is typically attended by physicians, nurses, veterinarians, scientists, physician assistants, senior medical NCOs, and other medical professionals but all are encouraged to attend.

Students enrolled in the highly regarded MCBC courses can expect graduate level academic expertise in the classroom, and the ability to personally interact with world renowned guest speakers. Students will observe a BSL-4 laboratory, meet the famous USAMRIID Aeromedical Isolation Team and visit the USAMRIID "Slammer," or patient BSL-4 isolation facility. Laboratories are provided for the cholinergic crisis, patient diagnosis, treatment and procedures. Practical experience is delivered in the form of patient triage and interview exercises, performed in military protective gear. Crisis management skills are rehearsed in a mega-code environment with robotic manikins. Training at both USAMRIID and USAMRICD is regularly updated to reflect changes in patient treatment policies, novel understanding of disease, and the most recent prophylaxis and therapies available.

The MCBC course 6H-F26 provides the highest standard of training available anywhere for the treatment of biological and chemical casualties.

For active duty Army personnel, the MCBC course has full central funding available, meets the new mandatory chemical/biological training requirements under MEDCOM OPORD 08-08, and is approved military education for entry on the Officer Record Brief (ORB). Application for this course is via the Army Training Requirements and Resources System (ATRRS). Requests for attendance should be made through your training branch. The course has approved postgraduate education accreditation for physicians (44.75 credits), nurses (46.25 credits), and others (a certificate of attendance is available for up to 45 AMA PRA Category 1 credits).

For more information about upcoming MCBC courses, please visit *http://www.usamriid.army.mil/education/index.htm* or *https://ccc.apgea.army.mil/courses/In_house/MCBC.htm*

PROJECT HOPE
DOD-NGO PARTNERING KEY IN GLOBAL HEALTH MISSIONS

By: Matt Pueschel, FHP&R Staff Writer

DoD has become increasingly involved with other U.S. government agencies and nongovernmental organizations (NGOs) since it gave international stability missions the same priority as combat operations a few years ago, and committed itself to working more closely with civilian partners. FHP&R's International Health Division (IHD) is working hard to foster these partnerships.

The relationship between DoD and NGOs is not without precedent. Rand Walton, of the NGO Project HOPE, said HOPE's involvement with DoD actually goes back to 1958, when it received the USS Consolation naval ship from President Eisenhower and used it to deliver humanitarian assistance until the 1970s.

In 2004 after the tsunami struck Indonesia and the Navy asked HOPE to help staff the hospital ship Mercy, to provide relief in the devastated region, HOPE quickly gathered 3,000 volunteer providers for 215 spots. "That kind of reinvigorated our relationship with DoD," Walton said.

U.S. Navy Master at Arms 2nd Class Patrick Lemming holds an El Salvadoran child on the island of Perico, El Salvador. Lemming is part of a preventive medicine team from the Military Sealift Command hospital ship USNS Comfort (T-AH 20). (U.S. Navy photo by Mass Communication Specialist 2nd Class Marcus Suorez)

HOPE has been involved with the Navy's global humanitarian hospital ship missions ever since. "This partnership HOPE has with the Navy and DoD is something we are committed to," Walton said. "This provides an excellent platform to tap into and help build health care capacity in these countries. There are not a lot of NGOs willing to do this.

There is [some] concern that DoD will take over and the NGO won't have the autonomy when they go in and do the work. However, we don't have to worry about fuel and can focus on care. It makes it easier to get in and educate [community] health care workers."

Nate Leishman, The Church of Latter-day Saints Charities manager of humanitarian emergency response, said the hospital ship is a great symbol of hope and DoD's ability to reach out to the Ministry of Health in each country opens doors for NGOs. "It's a new type of mission for people and I think for a lot of NGOs, their budgets are tight. I think there is some hesitation to jump in and go to work with the military, but I think as more NGOs hear about this, more and more [will get involved]," he said. "I think it's great DoD is doing this type of mission."

NGOs can also open doors for DoD. IHD Humanitarian Assistance Specialist Dr. Lynn Lawry, who has many years of experience working for NGOs and now serves as a liaison for DoD, recently utilized her contacts to pave the way for a collaborative health care project in Africa between DoD's Africa Command and the NGO, International Medical Corps (IMC). She conducted a study in 2008 that found high rates of depression, PTSD, TBI and gender-based violence (GBV) among ex-combatants who had participated in the civil war in Liberia. Dr. Lawry will also partner on a GBV study in the Democratic Republic of the Congo. Africa Command Surgeon

Col. Schuyler Geller, USAF, MC, said areas for future collaboration between NGOs and Africa Command include direct surgical, medical and mental health support and advocacy to victims of sexual GBV. "To assist in the return of stability and security by bringing hope and caring in uniforms to those who have lost all faith in them," he said. "This is especially true if we can teach our partner nations to do as we do. This will help to restore confidence in civil governments by showing the right way for officers and enlisted members to join together with long-term sustainable resources in unstable areas to secure the underpinning of society by restoring essential services."

U.S. Navy Cmdr. Alison LeFebvre, a physical therapist assigned to the Military Sealift Command hospital ship USNS Comfort (T-AH 20), escorts an El Salvadoran child to physical therapy during a medical mission in La Union, El Salvador. (DoD photo by Petty Officer 2nd Class Marcus Suorez, U.S. Navy.)

Another DoD-NGO project took place in September 2009 between the 13th Air Force and a U.S.-sponsored international NGO, the East Meets West Foundation (EMW). In a medical mission called "Pacific Angel," 25 U.S. military medical personnel were flown into Vietnam to conduct week-long civil-military humanitarian medical, dental, optometry, primary care, and engineering operations. The medical personnel partnered with Vietnamese Army medics and civilian health care professionals, while dental personnel worked with EMW.

HOPE has further partnered with the Army Corps of Engineers to develop a childrens hospital in Basra, Iraq to treat a number of children with cancer.

Building Capacity

A key goal of the civic global hospital ship mission is sustainability. "We spend 2-3 weeks in each port and the education HOPE provides to the local health care workers lasts beyond that, and raises the capabilities of doctors, nurses, EMTs and midwives so they can provide better care long-term," Walton advised. "We have volunteer doctors and nurses working with Navy doctors and nurses onboard, and the Navy reaches out to militaries in other countries and they provide doctors and nurses."

When asked how follow-up care is provided after the hospital ship departs each port, Walton said they are looking to partner more with local NGOs. "We're trying to work with the Navy to have a say on where we go because if we already have a presence there, there can be some follow-up," he said. "We're making progress. We're not where we want it yet."

For instance, HOPE has two clinics in the Dominican Republic. "When the [Comfort] ship came in, we were able to talk to patients to encourage them to receive care and [have] an opportunity to do some follow-up at clinics after the ship left," Walton said. "An older woman had cataracts. She went and was screened, [had the surgery] and was able to see for the first time in 30 years. That's the direction we're working towards."

The concern with onshore clinics set up by ship personnel is sustainability. "Maybe there aren't people to continue operating them," Walton said. "We're talking to the Navy about leaving NGO volunteers there after the ship leaves, and make sure local health care workers know how to use [the equipment]."

Although a Navy captain oversees medical activities for each hospital ship mission, participating NGOs may attend daily planning meetings and provide input. The missions are evolving, and the number of Latin American countries visited by the Comfort ship dropped from 12 in 2007 to seven in 2009 to allow for longer stays at each stop. "That was another great lesson learned," Walton advised. "We make the missions more effective and [stay for] as many as 15 days. That's still not ideal, but the Combatant Commands are doing a great job."

PARTICULATE MATTER
WHAT YOU NEED TO KNOW

By: Kelly Kotch, FHP&R Staff Writer

What is particulate matter?

Particulate matter (PM), also known as particle pollution, is a complex mixture of acids, organic chemicals, metals, and soil or dust particles. PM comes from natural and manmade sources including windblown dusts, fires, construction activities, factories, power plants, incinerators, and automobiles.

How are Service members exposed to PM?

Service members are exposed by breathing in particles that are suspended in the air. In the U.S. and industrialized regions of the world, burning of coal, natural gas and petroleum (including the production of vehicle emissions) are primary sources of these particulates.

In our current theater of operation and deployment regions in Southwest Asia, the PM levels are far higher. The sources are primarily from blowing dust and sand storms and from motor vehicles disturbing the desert. The severity of dust storms in theater may result in PM levels up to 10 times higher than those found in the U.S. emissions from local industries. Military operations may increase PM levels as well.

How can PM affect your health?

In industrialized areas and cities with significant pollution composed of a number of potentially toxic substances, PM has been associated with cardiovascular conditions, lung cancer, asthma and bronchitis, especially in more sensitive groups (older and younger individuals and those with pre-existing medical conditions). The effects of these exposures have been extensively investigated, which has prompted advances in air pollution control in the U.S. and Europe. These are very different from the exposures that are encountered during a deployment.

The health effects of PM in Southwest Asia are not fully known. In the short term, we know that high levels of PM can cause eye, nose, throat and respiratory irritation and aggravate pre-existing conditions like asthma or cardiovascular disease. It may also cause a short-term reduction in exercise capacity. The health effects from short-term exposure appear to be temporary.

What are the symptoms of PM exposure?

With PM exposure, you may experience temporary irritation of the eyes, nose and throat. Coughing, production of phlegm, chest tightness and shortness of breath may also occur. Some PM may contain remnants of living matter (i.e., pollen or fungus) or chemical products that may trigger allergies, while other PM may result in irritation to upper respiratory passages and the eyes.

What preventive measures can be taken to minimize exposure?

When high levels of PM occur during dust storms, etc., the best way to prevent exposure is to limit outdoor activity if possible. You can also minimize PM exposure by closing windows, doors, and tent flaps. The use of handkerchiefs or N-95 filtering masks may also help.

The U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) is documenting/archiving PM exposure data for future research and medical surveillance. As we better understand whether there are any long term PM health effects associated with our Service members, we will determine whether additional measures are needed.

How can symptoms of PM exposure be treated?

Remove or protect yourself from PM exposure, when possible, and reduce outdoor activity level. See your doctor if immediate symptoms are severe, or irritation persists.

Our long term strategy

Our current challenge is that there have not been enough studies of people in high PM environments like Southwest Asia to determine whether there is any long-term impact of PM exposure to our Service members' health. Several ongoing studies, including the Millennium Cohort Study, will increase our knowledge regarding the potential relationship between PM exposures of deployed troops and long-term health effects/outcomes.

SERVICE MEMBERS SUPPORT
HUMANITARIAN MISSION IN PACIFIC

By: Matt Pueschel, FHP&R Staff Writer

As the Navy hospital ship Comfort's "Continuing Promise 2009" disaster response training and humanitarian medical mission to Latin America concluded at the end of July, a counterpart civic assistance mission, "Pacific Partnership 2009" was beginning to stretch its sea legs on the opposite side of the globe.

Despite a small H1N1 influenza outbreak among crew members that forced the ship originally planned for the Pacific mission to be pulled on May 5 due to concerns of a spreading virus, a change in platform was made to the dry cargo/ammunition U.S. Naval Ship Richard E. Byrd that allowed the trip to proceed. The Byrd embarked in mid-June on the medical mission to five Pacific countries: Samoa, Tonga, the Solomon Islands, Kiribati, and the Republic of the Marshall Islands.

Local children tour an SA-330 Puma helicopter in Visale, Solomon Islands. The helicopter is from the Military Sealift Command dry cargo and ammunition ship USNS Richard E. Byrd (T-AKE 4) and is in Visale supporting U.S. Navy Seabees as they renovate a primary school during Pacific Partnership 2009. (DoD photo by Mass Communication Specialist 2nd Class Bryan Reckard, U.S. Navy.)

"Pacific Partnership 2009 is providing a wide spectrum of medical and dental care ashore, including primary care examinations, dental exams, fillings and tooth extractions, subject matter expert exchange, eye exams and glasses, biomedical equipment repair and veterinary services," said Cmdr. Jeff Bitterman, USN, the mission's Medical Contingent Commander. "Public health education, preventive medicine, pest control, water quality evaluation and environmental engineering services also are offered. Pacific Partnership is designed to strengthen alliances, improve U.S. and partner capacity to deliver humanitarian assistance and disaster relief, and improve security cooperation among partner nations."

The ship stayed at each port for 10-14 days, and completed the mission on Sept. 18. Its U.S. uniformed medical team was comprised of members from the Army, Navy, Air Force and Public Health Service. Over the course of the deployment, medical partners from Australia, France, Canada, Chile, Japan, Korea, New Zealand, and Singapore were also involved. The mission further included medical resources from nongovernmental organizations (NGOs) such as International Aid, Project HOPE, International Relief Teams, Project Handclasp, the University of California San Diego Pre-Dental Society, and World Vets. Specialties covered included optometry, dermatology, pediatrics, family practice, pharmacy, veterinary medicine, public health and dentistry, among others. "We have a core of 50 medical personnel," said Cmdr. Bitterman. "The numbers and specialties vary by each country as not all partner nations and NGOs will travel with us to each port."

Several improvements were made in 2009 over previous Pacific Partnership missions. "One is to really hit into the high-capacity, high impact type areas when we deliver the health care," advised Cmdr. Bitterman. "We're pretty excited that even though we've had to downsize this mission quite a bit as far as personnel go (the mission crew

size was reduced from 300 to 110), we're still able to deliver in a lot of high-impact areas. We've (had) to reduce our manning by almost 70 percent on the medical side due to the change in platform, but we're still going to be able to probably deliver in the neighborhood of 75 to 80 percent of the services we initially promised. That's because we're going to focus on areas such as veterinary, dental, optometry and public health. As an example, if you go into a MEDCAP (Medical Civic Action Program), if you're seeing people as they come through, you'll help a few people. (But) when you work with somebody's sanitation or water supply and fix that system, that's something that sustains for a long period of time, long after we leave and go on to the next island."

Despite having fewer personnel, about 22,000 patients were seen during the mission - only about 8,000 fewer than the 2007 mission. Other public health impacts were immunizing children in the Marshall Islands, water source testing, water catchment tank replacements, and mosquito spraying.

"We really wanted to latch onto and work by, with and through the host nation and our subject matter expert exchange or educational training opportunities and tailoring those to what the host nation would like us to bring to the table, but also to work collaboratively and have an opportunity to benefit from their areas of expertise as well," said Cmdr. Bitterman.

Pacific Partnership 2009 did not perform surgeries but had arrangements in place with several local NGOs, including Interplast, the Shriners and Loloma Foundation, that were willing to take surgical referrals from the ship's medical team. "We have a standardized patient care and patient tracking form that includes a documentation of the entire patient encounter, in a standardized format that's been developed over the last couple of Pacific Partnerships, as well as a pharmacy form (in triplicate)," said Cmdr. Bitterman. "One copy will go to the patient, one will go to the host nation, one will go back with us for documentation of patient care. That's how we attempt to achieve continuity of care and not have things fall through the cracks. We also provide written documentation for their medical records, as well."

Pacific Partnership 2009 is providing a wide spectrum of medical and dental care ashore, including primary care examinations, dental exams, subject matter expert exchange, biomedical equipment repair and veterinary services.

The same kind of planning went into the types of medicines that were distributed among local populations. "We only use medicines that can be obtained in the host nations, so they sustain care after Pacific Partnership departs," said Cmdr. Bitterman.

Cmdr. Bitterman said there were mission Measures of Effectiveness in place focused on sustainability and increasing host nation capacity. The education NGOs like Project HOPE provide to local health care workers lasts beyond the two weeks spent in each port and raises local capacity to provide better care to the population over the long-term.

The Navy's four annual humanitarian civic assistance hospital ship missions around the world are evolving, and FHP&R's International Health Division has met with Navy leaders to discuss the possibility of having a greater focus on medical education and health system development rather than on direct care in future missions. "I personally think we can get more done for less money with smaller, less draft ships that can provide maritime security training opportunities at the same time without escorts or helicopter squadrons for required support," advised Africa Command Surgeon Col. Schuyler Geller, USAF, MC.

SMOKE OR SMOKELESS, TOBACCO HABITS ARE NOTHING TO SMILE ABOUT

By: Dr. Patrick D. Sculley, D.D.S. (Maj. Gen., U.S. Army Retired)

Most people are aware smoking is a risk factor for many serious systemic conditions including cardiovascular disease, cerebrovascular disease, chronic obstructive pulmonary disease, low birth weight babies of smoking mothers, and cancer. Despite the ill-health risk associated with smoking, nearly 25 percent of adults and 35 percent of high school students in North America smoke. Some smokers have mistakenly switched to smokeless tobacco as a safer substitute. Unfortunately smokeless forms of tobacco use are also associated with negative health effects.

The oral cavity often reflects the negative impact of tobacco product use whether smoke or smokeless. Smoking provides the following threats to oral health: cancer, gum diseases, and delayed healing. The most common type of oral cancer is squamous cell carcinoma. Other findings associated with smoking are stained teeth, tarter buildup, bad breath, and decreased taste. Destructive periodontal disease is a common finding among smokers.

Smokeless tobacco products are of two general types: chewing tobacco and snuff. Like snuff, chewing tobacco is placed between cheek and gum. All varieties of smokeless tobacco can cause harmful effects on the oral cavity, and a high percentage of daily smokeless tobacco users have an identifiable soft tissue lesion. Smokeless tobacco habits can result in the formation of a white patch in the area where the tobacco quid is held. This white patch, called leukoplakia, can be premalignant or even malignant.

Both smoke and smokeless tobacco products contain nicotine, which can result in dependence and addiction. Although nicotine itself is not associated with cancer there are many other carcinogenic agents in tobacco products. It is estimated that there are 4,000 chemicals and gases in smoking tobacco and some 3,000 chemicals in smokeless tobacco.

Overcoming the addictive nature of nicotine includes cessation regimens that help address the effects of withdrawal while providing social support to the "quitter" for the lifestyle change that must occur. It has been shown that nicotine replacement therapy nearly doubles the success rate of cessation programs. Health care providers are encouraged to provide the 5-As - ask about tobacco use, advise users to quit, assess the users readiness to quit, assist motivated individuals with pharmacologic aids or referral, and arrange for follow up services.

The Military Health System's Tobacco Free in the DoD Web page located at www.ha.osd.mil/smoking_ cessation includes resources designed to help tobacco users quit. Many smokers will require several attempts to beat the habit, but successful tobacco cessation is truly something to smile about.

About the Author: Dr. Patrick Sculley's distinguished career includes serving in the positions of Deputy Surgeon of the Army, Chief of the Army Dental Corps, Chief of Staff of the US Army Medical Command (MEDCOM) and Commanding General, US Army Center for Health Promotion and Preventive Medicine (USACHPPM). He provides guidance for the development of sound, peer-reviewed dental readiness and oral health educational content.

MHS SERVICES EXPANDING
FORENSIC NURSES IN THE MILITARY

By: Lt. Cmdr. Linda Alana Huber, NC, USN
Forensic Nurse Examiner, SANE-A, Naval Health Clinic Cherry Point

Forensic nursing is a relatively new medical practice that combines elements of law enforcement with health care. Forensic nurses treat victims of violent crime, perform crime scene investigations, work as detectives in a clinical setting to help investigators convict perpetrators, and are responsible for recovering evidence while maintaining and protecting the victim's rights and integrity.

Many forensic nurses are a Sexual Assault Nurse Examiner (SANE). A SANE is a registered nurse specifically trained to provide comprehensive care to sexual violence victims. A SANE is trained to identify physical trauma, document injuries, collect evidence, maintain the chain of custody, and provide necessary referrals.

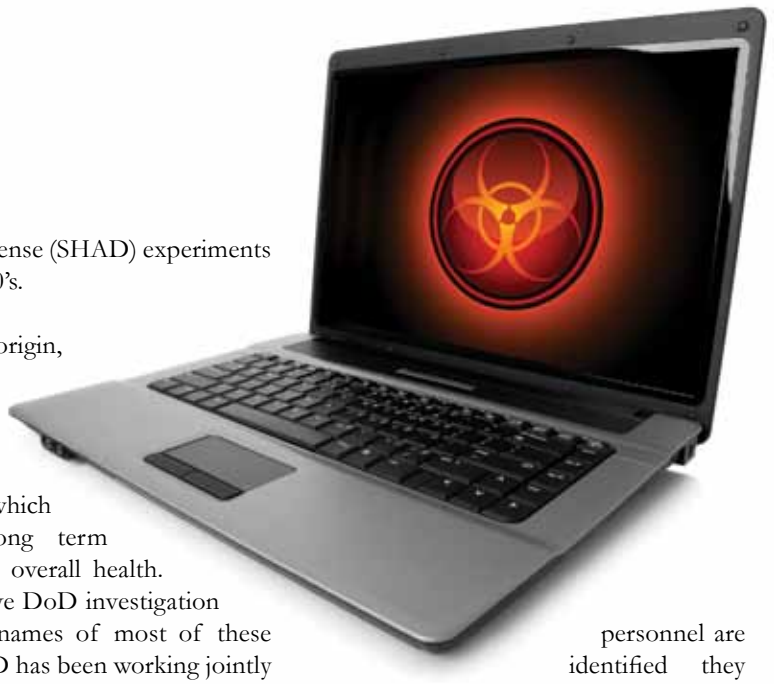
The U.S. military has a small group of forensic nurses throughout the DoD with a primary focus in sexual assault. In February 2004, former Secretary of Defense Donald H. Rumsfeld directed Dr. S.C. Chu, the former Under Secretary of Defense for Personnel and Readiness, to review the way DoD handles the treatment and care for victims of sexual assault in the Services. A new task force quickly assembled. Those who are victimized by sexual assault can now report an incident in one of two ways: a restricted or unrestricted report. A restricted report protects the anonymity of the victim and does not lead to a criminal investigation. The victim's command is not notified and the victim may elect to have a forensic exam performed, with the evidence saved for up to a year should he/she decide to pursue an investigation. In 2008, the DoD noted 2,923 sexual assault "reports"- more than 8 percent over the previous fiscal year. Of those, 2,280 were unrestricted and 643 were restricted.

Forensic nurses play an important role in facilitating the care of victims. Sexual assault victims often suffer or experience serious physical injury, emotional trauma, pregnancy and/or sexually transmitted diseases. It is imperative that the victim is treated for both physical and psychological injuries and that forensic evidence is documented accurately for legal purposes.

A military forensic nurse is also helpful in speeding up the examination process by reducing the time victim's wait in a hospital's Emergency Department and the time it takes to complete the examination. The quality of the examination is vastly improved because an experienced forensic nurse is adept in identifying physical trauma and psychological needs and ensuring the victim receives the appropriate follow-up care. A military forensic nurse understands the needs, obligations and life challenges of the Service member. There are very few official points of sexual assault care at DoD Medical Treatment Facilities (MTFs) other than Emergency Department Care. But with MHS services expanding and the addition of forensic nurses, we can now begin to take care of our own in DoD MTFs eliminating the need to send our Service members and beneficiaries out into the community for this specialized care.

HELPING LOCATE VETERANS:
JOINT DOD-VA CHEMICAL/BIOLOGICAL EXPOSURE SYSTEM

By: Peter Graves, FHP&R Staff Writer



Throughout the history of warfare, nation-states have sometimes been forced to take drastic measures to counter serious threats from real or potential enemies. At the time these measures were undertaken the purposes were quite legitimate, even if the means were considered extreme. This can be said of Department of Defense (DoD) authorized chemical and biological countermeasure tests, decades-long experiments which investigated the effects of certain chemical and biological compounds on Service volunteers and the utility of protective equipment and procedures. These tests were not intended to harm but to aid in protecting Service members and military assets from enemy attacks with chemical or biological agents.

Beginning in World War II and extending through the early part of the Cold War, DoD oversaw a series of land and sea based experiments designed to test human and equipment reaction to chemical and biological warfare ingredients. DoD officials feared either the Axis powers or later the communist Eastern Bloc might attempt to use such materials as a weapon against American and other allied forces. A majority of these tests were carried out at locations such as the Dugway Proving Ground in Utah and the Edgewood Arsenal in Maryland. In many of these cases, the research was designed to test the effectiveness of countermeasures (i.e. protective equipment) against chemical and biological variants with the potential to be weaponized. Similar tests were conducted on a variety of U.S. Navy ships as well during the Project 112 Shipboard Hazard and Defense (SHAD) experiments in the early 1960's.

Regardless of origin, thousands of volunteer participants were exposed to materials which might have long term effects on their overall health. A comprehensive DoD investigation uncovered the names of most of these individuals. DoD has been working jointly with the Department of Veterans Affairs (VA) in an effort to locate and inform the participants of health benefits to which they may be entitled.

In an effort to ease this process, DoD and VA unveiled a joint Chemical/Biological Warfare Exposure System - a secure, searchable Web page designed to give VA regional officers quick and simple access to information for known participants in these tests. The Web application displays information relating to DoD and VA records for military personnel. It also provides the departments with a central repository for handling the flow of content and reporting of these data. With the few simple clicks of a mouse, VA officials can readily begin the process of notifying test participants, helping avoid unnecessary delays.

Data is not all inclusive and both agencies continue their efforts to locate more participants in DoD chemical or biological tests. Such efforts will be ongoing through Federal fiscal year 2011. Once new personnel are identified they will be added to the master database. Thus, a veteran who does not appear in the archives presently does not necessarily lack an exposure history. As more records are reviewed or located, new information is added to the database.

The DoD/ VA Chemical/ Biological Exposure System represents an important step in ensuring Veterans who volunteered for these tests receive the care and benefits they so richly deserve. These individuals "stood on the front lines" of science in preparation for a battle against some of the more heinous weapons ever devised. The debt they are owed is immeasurable. For more information on the history of DoD Chemical and Biological tests please visit *http://fhp.osd.mil/CBexposures*.

HELPFUL RESOURCES

Force Health Protection and Readiness (FHP&R)
fhpr.osd.mil

Deployment Health & Family Readiness Library
deploymenthealthlibrary.fhpr.osd.mil

GulfLINK
gulflink.fhpr.osd.mil

DeployMed ResearchLINK
fhpr.osd.mil/deploymed

Post-Deployment Health Reassessment
fhp.osd.mil/pdhrainfo/index.jsp

Military Health System
health.mil

TRICARE
www.tricare.osd.mil

DoD Deployment Health Clinical Center
(866) 559-1627
www.pdhealth.mil

Department of Veterans Affairs
(800) 827-1000
www.va.gov

DoD Mental Health Self-Assessment Program
www.pdhealth.mil/mhsa.asp

Defense Centers of Excellence
www.dcoe.health.mil

Chemical-Biological Warfare Exposures
fhp.osd.mil/CBexposures

Military OneSource
www.militaryonesource.com

MILVAX
www.vaccines.mil

Tobacco Free in the DoD
www.ha.osd.mil/smoking_cessation

Pandemic Influenza Watchboard
www.dod.mil/pandemicflu

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

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